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Cases Illustrative of the Action of Ergot in Producing Retention of the Placenta. Read before the Medical Society of Rockland County, New York, Jan. 7, 1851. By CHARLES HASBROUCK, M. D.

"SPASMODIC contraction," or "premature contraction" of the cervix uteri, is referred to by obstetrical writers as an occasional cause of retention of the placenta; and Dewees, in his system of midwifery, mentions the fact, that in some instances of this character, the body of the uterus is also found to be "hard and well contracted." But so far as my information extends, the frequent relation between this condition of the uterus and the administration of ergot during labor has never been pointed out. The following cases, it seems to me, are calculated to show that such relation does occasionally exist; that the placenta may, perhaps, not unfrequently, be retained by the permanent and uniform contraction of every part of the uterus, excited by the specific action of ergot upon that organ.

CASE I.—Mrs. P—— D——, aged about 20 years, was taken in labor with her first child, Sept. 20th, 1842. Her labor progressed slowly, with pains of moderate severity, for about fifteen hours, when without any appreciable cause they entirely ceased. The vertex at this time was found occupying the superior strait with the occiput to the left acetabulum. The uterus remaining inactive, and the soft parts being perfectly relaxed, I ruptured the membranes in the hope of reviving uterine contraction. No pains ensuing, however,

NEW JERSEY STATE LUNATIC ASYLUM, TRENTON.

and nearly twenty-four hours having elapsed since the commencement of her labor, I emptied her bladder and rectum, and administered in divided doses a drachm of the ergot in decoction. The peculiar action of the drug soon manifested itself in the powerful and almost constant contractions which ensued, and in about an hour the child was expelled, completely asphyxiated. On placing my hand upon the hypogastrium, I was astonished at the unusual hardness of the uterine globe. But although the body of the uterus was thus firmly contracted, the woman was entirely free from pain. On following up the cord, the contraction was found to extend to the cervix and os uteri. The placenta was beyond the reach of my finger. I waited an hour and a half, hoping that the cervix uteri would relax sufficiently to allow the placenta to pass; but the whole uterus remaining firmly contracted, I introduced my hand into the vagina, and with great difficulty succeeded in dilating the os sufficiently to enable me to grasp, or rather to hook down the placenta. The patient convalesced slowly with symptoms of prolapsus uteri.

Case II.—Mrs. J—— B——, aged 19 years, was taken in labor with her first child, Sept. 14th, 1843. From the commencement of labor, her pains were short, unfrequent, and inefficient. She had been in labor twenty hours, her pains having become expulsive, though still short and inefficient, the vertex being engaged in the superior strait, the os uteri being fully dilated, and the membranes protruding almost to the os externum, when she was suddenly seized with violent convulsions, which continued to recur every half hour or hour during the subsequent progress of her labor. After copious venesection, &c., I emptied her bladder, and gave a decoction of a drachm of ergot, in divided doses, without any appreciable effect in hurrying the action of the uterus. The vertex, however, continued to advance, and had got low down in the pelvis, when, upon the suggestion of Dr. R. W. Stevenson, who now saw the patient with me, a tablespoonful of a very strong decoction of the ergot was given every fifteen minutes.

The uterus gradually responded to the stimulus of the ergot, and the child was slowly expelled, twenty-four hours after the commencement of labor. The woman now lay entirely unconscious, while the convulsions continued to recur. The uterus was firmly contracted, presenting the same unusually hard and solid feel, as in the above case, while the placenta was firmly retained by the contracted state of its cervix and os. After waiting two hours, without any change occurring in the condition of the uterus, I passed my hand into the vagina, and succeeded with considerable effort in dilating the os uteri sufficiently to enable me to reach the placenta, which, together with my hand, was immediately expelled. The woman had a tedious but safe convalescence.

Case III.—Mrs. M—— D——, aged 39 years, was taken in labor with her first child, Sept. 2d, 1848. Forty-eight hours after the spontaneous rupture of the membranes. Her labor progressed slowly but regularly, for thirty-six hours. The os uteri being then dilated, the soft parts relaxed, and the vertex occupying the superior strait, while the powers of the uterus seemed to flag, her pains becoming shorter and less frequent, I gave the ergot without producing any effect. Four hours later, the patient having procured some sleep from a dose of morphine, I gave her more of a very strong decoction of ergot, regardless of quantity. The peculiar pains of ergotism soon followed, the vertex advanced, and the child was shortly delivered. The uterus immediately contracted upon the placenta, feeling like marble under my hand. Neither pain nor flooding was present; and on following up the cord, the os uteri was also found contracted to about the size of a quarter of a dollar, presenting a firm, almost cartilaginous feel. I waited an hour and a half, hoping that the uterus would relax; but fearing that any longer delay would only tend to increase the difficulty of overcoming the stricture (if I may so term it) of the os uteri, I introduced my hand into the vagina, but found it impossible, without using an unwarrantable degree of violence, to pass more than a

couple of fingers into the os uteri. With these, I succeeded after considerable effort in hooking down the enclosed placenta. The patient had a rapid convalescence.

Case IV.—Mrs. A—— B——, aged 20 years, was confined with her first child, Oct. 22d, 1850. From the commencement of labor, the uterus acted feebly, the pains being extremely short and unfrequent. Her labor progressed slowly, however, and in twelve hours the os uteri was fully dilated. Her pains now became expulsive; but the vertex advanced with extreme slowness, in consequence of the shortness of each pain. Hoping to excite the uterus to more vigorous action, I ruptured the membranes; but failing in this, and the vertex occupying the pelvic cavity, fifteen hours after the commencement of labor, and three hours after the discharge of the liquor amnii, I gave the decoction of a drachm of ergot. This had the desired effect, and the woman was soon delivered of a fine, healthy girl. On placing my hand upon the hypogastrium, the uterus was found to be hard and well contracted. As soon as the child was separated from the mother, I passed my finger along the cord and found the placenta lying over the os uteri, which was also contracted to the size of a half dollar, and moderately firm. Feeling confident that it would be useless to wait for the spontaneous expulsion of the placenta; and believing that delay would only increase the difficulty of its manual delivery, by giving the cervix and os uteri more time to become permanently contracted, I at once passed my hand into the vagina, and with but little difficulty succeeded in dilating the os, so as to reach and withdraw the placenta. The woman had a good "geting-up."

It is well known that the placenta is ordinarily detached and expelled, a few minutes after the birth of the child, with little or none of the peculiar pain that attends the parturient contractions of the womb. Indeed, it appears that the uniform contraction of the whole uterus, the general shortening

of all the uterine fibres, the circular as well as longitudinal, which necessarily follows the expulsion of so large a portion of the contents of the uterus—in other words—the simple tonic contraction of that organ, is all that is usually necessary to accomplish this result. Hence arises the rule of practice when the placenta is retained in consequence of uterine inertia. By frictions, cold, ergot, &c., we seek to excite the tonic contraction of the womb. But in this, as in other matters, extremes occasionally meet; and the same action of the uterus, which, when moderate and normal, will usually accomplish the delivery of the placenta, becomes, when abnormal and excessive, the very means of retarding its expulsion, and of rendering its delivery difficult. And such was the difficulty in the above cases. The uterus was not felt high up nor flabby, as in uterine inertia, but was found low down in the abdomen, and presented to the feel that marble hardness, which is both the evidence and result of strong uterine contraction. Not the least flooding was present. Indeed, there was no discharge of any kind whatever; and I also noticed an entire absence of that alternate relaxation and contraction of the womb, which usually follow the expulsion of the child, and which can easily be felt by the hand placed upon the woman's belly. In short, the placenta was completely encysted, and firmly retained, in consequence of the permanent tonic contraction of the uterus being prematurely and excessively developed; and that this premature and excessive contraction resulted from the specific action of the ergot upon the uterus, there can scarcely be a doubt.

The action of ergot seems to be principally directed to the lower portion of the spinal cord, promoting in an extraordinary degree the innervation and tone of the muscles and tissues to which the lumbar and sacral nerves, and the nerves of the hypogastric plexus are distributed. This is proved by the benefit that results from its use in paralysis of the bladder, and in partial or incomplete paraplegia; and it is probably by virtue of the same action that it is of such essential

service, as I have frequently observed, in the sciatic pains and weakness of relaxed and debilitated habits.

The uterus, it is true, is supplied with nerves from the sympathetic system, and most probably "is not dependent upon the spinal cord for its power of contraction." (*Carpenter.*) This would seem probable from the fact, that delivery has taken place by the spontaneous contractions of the uterus, in cases of paraplegia from disease of the lower part of the spinal cord. But while the peristaltic or parturient contractions of the uterus, like the contractions of the heart, or intestines, may perhaps be, in a great measure, independent of its nervous connection with the spine; yet its numerous reflex sympathies and actions, prove conclusively, that the several nerves of the cerebro-spinal system which pass into the plexuses of the sympathetic, and are thus distributed to the uterus, are not without their appropriate influence. Indeed, it would seem probable, that while the peristaltic action of the uterus, as in ordinary parturition, is in some way connected with its supply of ganglionic nerves, its condition of muscular tonicity, or its tonic contraction may be dependent upon its connection with the spine. And as irritation of a motor nerve excites contraction in every part of the muscle supplied by that nerve, so the powerful influence exerted by the ergot upon that portion of the spinal cord from which the spinal branches of the uterine nerves are derived, excites every part of the uterus—its cervix and os, as well as its fundus and body—to strong and permanent contraction; thus offering, as in the above cases, a very serious impediment to the passage of the placental mass.

I am not sure that these suggestions harmonize with received opinions in relation to the physiology of uterine contraction. But whether they do or do not, or whatever may be the *modus operandi* of the ergot, there can be no uncertainty in relation to the fact, that it possesses the property of increasing the tone and promoting the contraction of the uterine fibre. Its beneficial effects in passive menorrhagia—

that protracted and exhausting drain from the uterine vessels so often met with in relaxed and leucorrhœal habits—prove that it is capable of increasing the innervation and organic contractility of the capillaries of the womb; and no one engaged in obstetrical practice can doubt its power of exciting the muscles of that organ to prompt and powerful contraction, when given in the progress of labor. The contractions thus excited differ, however, from the ordinary contractions of parturition, in partaking less of a peristaltic character, being more constant, and effecting equally the circular and longitudinal fibres of every part of the uterus; and it can easily be understood, that the cervix and os uteri may thus become so firmly contracted under the influence of large doses of the ergot, as to offer a complete obstacle to the delivery of the placenta. Indeed, I have become so entirely convinced of this danger, from the results of my own observation, that latterly, whenever I find it necessary to administer ergot to expedite the expulsion of the child (and particularly in first labors, in which the tonic contraction of the uterus is generally more promptly and more perfectly established), I have at once proceeded to the delivery of the placenta, as soon as possible after the separation of the child. By acting thus early, as soon as the tonic contraction of the womb is decidedly developed, but before it becomes permanently and completely established, I have, I think, in several instances, avoided the difficulty which was encountered in the above cases.

Hackensack, N. J., *Feb.* 1851.

Case of Rupture of the Spleen. By WILLIAM BRYAN, M.D., late of the U. S. Army, Fellow of the Medico-Chirurgical College of Philadelphia.

November 5th, 1850. Was called to see Thomas Coney, aged 22, who had been found on the sidewalk, about one o'clock A. M., prostrate and exhausted. Upon examination, he complained of pain in the right shoulder and left side. Skin cold, and covered with a profuse cold perspiration. No pulse at the wrist. Mind cool and collected; answered questions rationally. I could not discover any external marks of violence; and from all the symptoms occurring at the time, the prognosis was unfavorable. Ordered sinapisms to the extremities, with warm applications and frictions to the surface; and otherwise following the indications, with a view of promoting reaction.

6th A. M. In consequence of my absence on urgent business, did not see him. Dr. Trimble was called in, who carried out the indications as they occurred.

At 3 P. M. he died. Made a *post-mortem* with the kind assistance of Drs. Trimble and Gauntt. Found the cavity of thorax full of blood. The heart and lungs in a normal state. No evidence of violence or disease. Proceeded to examine the abdomen, and found the *spleen* enveloped in a mass of coagulated blood, upon the removal of which the spleen was found to be ruptured in a double crucial form, and abnormally softened and enlarged.

Upon a critical examination of the body, the whole organism appeared to be in a healthy state, without any other evidence than the above of violent action; and from all the information that could be elicited through his family, he had been generally healthy, excepting a slight diarrhœa, about two weeks previous to his death.

BEVERLY, *N. J. December*, 1850.

Case of Traumatic Tetanus successfully Treated. By C. McKnight Smith, M. D.

In August last, I was summoned to Mr. Abraham Woglam, of Staten Island, N. Y., in consultation with Dr. J. Van Hoevenbergh, who states the history of the case, and the treatment to that time, as follows:—

July 29th. Visited the patient for the first time, and learned that a few days previously, in getting over a fence, a sharp stick pierced his little toe. Suppuration ensued with a high degree of inflammation, affecting a considerable portion of the foot. On opening the abscess freely, a splinter escaped with the pus. Immersed the foot in warm water; applied an emollient poultice, and directed pulv. Doveri gr. xv, to be taken at bedtime.

30th. Found symptoms of tetanus. Ordered Hyd. chlo. mit. ℈j et pulv. opii gr. iij, followed in three hours by Magnes. sulph. and senna. After free purging to take Hyd. chlo. mit. gr. iij, et pulv. opii gr. i, every three hours.

On visiting him in the evening, found all the symptoms greatly aggravated. Discontinued the powders, and gave every three hours a tablespoonful of the following mixture: Antim. et potass. tart. gr. ij; tinct. opii f℥ss; aqua f℥iv, which during the night gave some relief.

31st. Found the violence of the spasms so great as to raise the patient from the bed, his head and heels alone resting on it. Pulse full, frequent, strong. Took thirty ounces of blood from a large orifice, and continued the ant. sol. and laudanum. In the evening let twenty more ounces of blood from the arm, symptoms continuing as before.

On the first of August, in company with Dr. V., I saw him for the first time. Found him rigid with tetanic spasms. He had lost in a great degree the power of articulation, that of deglutition wholly. Was in a profuse perspiration; every muscle appeared involved in the spastic action, and scarcely a hope of his recovery was entertained.

We resolved to administer chloroform. In six minutes he was narcotized; his muscles relaxed, and he swallowed readily a tumbler of wine and water. As the spasms returned from time to time, the effect of the chloroform was kept up for five or six days, exhibited at intervals of from three to five hours. In addition to this, he was cupped along the course of the spine, and an ointment of acetate of morphia gr. v, axunge ℥i, freely rubbed in over the scarifications. Bladders filled with pounded ice were constantly applied to the back, the bowels freely opened, and the patient's strength supported by brandy, wine, beef-tea, &c. Under this treatment he continued to improve. At the expiration of ten days, he was able to walk about the house; and in a fortnight after I first saw him was entirely recovered.

I am not prepared to say that a cure was effected in this case by chloroform. It is manifest, however, that it exerted a most powerful influence in controlling the spasms, and thus enabled the attendants to administer both medicine and food.

Perth Amboy, N. J., *Feb.* 1851.

On some of the Therapeutical uses of Manganese. Read before the Burlington Medical Association, February 5th, 1851. By S. W. Butler, M. D.

The ultimate object of all scientific research and investigation is, or ought to be, to arrive at truth and apply it to the benefit of mankind. In this field of boundless limits, there remains much, very much, both in nature and in Providence, which the unmatured but ever-growing mind of man has yet to search out. How pleasing, how ennobling the thought, that there is a principle in man, which is ever expansive; and which, unsatisfied with present attainments, is ever on the alert to acquire new thoughts and ideas, and to establish new

principles which he may appropriate to his own advantage, and that of his fellow-man.

Death, with disease and all our woes, is the penalty of sin, yet, for death, naturally the most revolting of all these, infinite mercy has provided a remedy, an infallible remedy, so that if misguided man will but appropriate it—will but "look on the brazen-serpent"—he shall live again, not for a day or a year, but for eternity.

To such as appropriate this remedy, the death of the body is but the beginning of life, like the seed, which though it rots in the ground, yet has a vital principle which wakes to life and vigor a plant calculated to adorn and beautify the earth, while it contributes to its well-being, and the happiness of mankind.

If then Infinite wisdom has provided a remedy for death itself, may He not provide, and *has He not provided* in nature, remedies, by which most of the pains and diseases which afflict the body may be relieved or overcome?

This is a proposition which the observation and experience of every one places beyond the need of proof.

But man is ever learning, and, profiting by the observation and experience of the past, is ever adding link to link of that chain of knowledge which connects all past with all future time, and with eternity itself. Indeed, the result of the observations of the past fifty years is proof positive that the mind of man is yet in its infancy in matters even of worldly concern.

It is not therefore to be supposed that we have exhausted nature, or ever will exhaust her in our attempts to draw from her vast resources materials for the relief of human suffering. How unreasonable, therefore, are those who are "afraid of new remedies," and who, content to turn their backs on the present and the future, are satisfied with the observations of the past.

True, the Pharmacopœia is burdened with a list of remedies, to learn the names and applications of which would alone be the work of a life-time. But why should this preclude further

observation? Is there no room for improvement? Are there no more materials to draw from? May not remedies yet be discovered which shall be so far superior to many now in use as to render their retention unnecessary?

Is it not likely that the Materia Medica list of 1851 will be as lightly esteemed two hundred years hence as that of 1651 is now?

We think that there are many important observations yet to be made, and that while other things around us are progressing, medical science will not be a whit behind hand, but will advance with equal strides with its sister sciences.

From these desultory remarks we will proceed to the subject of our essay, and briefly call the attention of the Association to manganese, in some of its forms, as a therapeutical agent.

In doing this I but embody the results of other men's observations, having had no personal experience with it.

A few experiments were made with manganese soon after its discovery, by Kapp, Vogt, Coupar, Gmelin, and others, but their observations did not seem to attract much attention. Latterly, however, M. Hannon and others seem to have given more attention to the subject, and some of their experience with manganese seems to entitle it to the favorable regard of the profession.

This mineral has been found in inconsiderable quantity in the human organism. M. Millon found it in the blood, and his observations have been confirmed by those of M. Hannon.

There are conditions of the system, when it is thought that iron is indicated as a remedy, and it is used with marked and acknowledged success. But if manganese as well as iron forms a part of the organism, why may not its use be indicated as well as the former, and why may it not alone, or in combination with iron, fulfill indications which the latter is incapable of fulfilling by itself?

Manganese, in the form of a binoxyd, commonly called the black or peroxyd of manganese, is found abundantly in nature. Its affinity for oxygen is so strong that the metal is

isolated with difficulty, and must, when pure, be preserved in naphtha, or it soon becomes oxydized.

In the metallic state it very much resembles some forms of cast iron, and that metal is always or almost always found associated with it.

So little has it been employed as a remedial agent, that it is barely considered as worthy of a place in some of the best works on Materia Medica, while recent observations seem to entitle it to a place of no inconsiderable importance. Professor Jackson, of Philadelphia, has for several years been in the habit of calling the attention of his classes to manganese, thinking it a remedy worthy of more consideration than it has hitherto received. In prescribing iron, Dr. J. usually gives manganese in combination with it.

M. Hannon recommends various forms in which it may be used, such as the oxyd, carbonate, neutral malate, tartrate, phosphate, and iodide.

We are now prepared to notice briefly, some of the indications which manganese has been found to fulfill.

1st. *As a Cholagogue.* Gmelin in some experiments with the sulphate of the protoxyd on animals, found it capable of producing an extraordinary secretion of bile, which was so considerable, that "nearly all the intestines were colored yellow, by it, and the large intestines had a wax-yellow color communicated to them." These observations have been confirmed by other writers. Dr. T. H. Jewett, of South Berwick, Maine, found it a very prompt and efficient evacuant of the bile, giving relief in cases of jaundice, where other remedies had entirely failed.

He thinks that "beyond any question the sulphate of manganese stands at the head of all cholagogues, doing its work with the promptness and efficacy of no other medicine." (*Boston Journal*, Dec. 18th, 1850, vol. 43, p. 393.)

From half a drachm to two drachms, dissolved in half a pint of water, and taken on an empty stomach has been found sufficient to produce bilious stools. There has been some discrepancy with regard to the quantity of the sulphate which may

be taken at a dose, for while in the experience of some it has been found in large doses to have a powerful effect on the cerebro-spinal system, inducing apoplexy and palsy, others think it may safely be given in the dose of an ounce like Epsom salts. Dr. Thompson, of Glasgow, has seen it swallowed in the dose of an ounce without any other effect than that of a brisk cathartic. Is it not likely that in small doses it proves cathartic on account of the extraordinary secretion of bile it produces, in fact; that it is the bile itself that is the real cathartic? A quack remedy to evacuate bile, the *sel désopilant* of Rouvière, was found to contain the salt in question.

If these observations should prove true with regard to the sulphate of manganese as a cholagogue (and we think there is strong evidence in its favor), it is well calculated to fill a vacancy in the Materia Medica which has long existed, and been painfully felt to exist.

How the sulphate of manganese acts as a cholagogue is a very interesting question, but we will not now stop to notice it.*

2d. As a *tonic*, manganese has been found highly useful in cases where other remedies, even iron, have failed to exert a beneficial influence. Kapp regarded it as a "permanent stimulant," promoting the appetite and digestion. Vogt places it among the tonics. M. Hannon tried its effects on himself, first taking the carbonate in the dose of one grain a day, increasing it to four grains at the end of the first week, and eight grains at the end of the second. At this time he experienced symptoms of plethora, the appetite was increased, the pulse became stronger, and the color of the palpebral conjunctiva was heightened.

He reports several cases of anæmia from various causes, in

* Since this address was read several of the physicians of Burlington have used the sulphate of manganese as a cholagogue very much to their satisfaction. One of them found from six to ten grains sufficient to excite slight bilious discharges. It has been used by them in doses varying from a few grains, to a drachm or more.

which he employed the carbonate, sulphate, syrup of the phosphate, and syrup of the iodide, with marked success. He found that it frequently at first produced nausea, but the medicine was soon tolerated and its beneficial effects rapidly followed. It seemed in M. Hannon's experience to be particularly applicable to some cases of phthisis, in which complaint iron is often inapplicable on account of its increasing the cough and causing constipation.

When it is desired to obtain the general tonic effect of manganese, we would theoretically prefer an oxyd, carbonate, chloride, iodide, or lactate, if such a preparation exists.

It may be well in passing, to notice some of the toxicological effects of this mineral.

Dr. Coupar noticed that when gradually introduced into the system, by those who are employed in grinding it, a paralysis of the motor nerves is induced, commencing with symptoms of paraplegia. This poisonous effect differs from that of lead in not producing colica pictonum or constipation; and from mercury, in first affecting the lower extremities, and in not exciting tremors of the affected part.

The above observations we think may prove worthy the attention of the members of the Association, and it is to be hoped that a fair trial of the remedy may result in a confirmation of what has been said.

Burlington, N. J.

BIBLIOGRAPHICAL NOTICES.

Lunatic Asylum Reports.

We cannot devote much space, in our *monthly*, to bibliographical notices, but we have to acknowledge the receipt of reports of the Pennsylvania Hospital for the Insane; the Boston Lunatic Hospital; and the

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with a "historical and descriptive account" of the latter. Our friends of Pennsylvania and Boston will not deem us too partial, we trust, if we pass them by without any further notice at present, as our own institution is the youngest, and requires, probably, a little more nursing. We have procured from Dr. Buttolph the plate of the asylum, from which we have had struck off the *portrait* of this noble institution, which is attached to the present number of the Reporter.

In a few weeks the asylum will have reached its fourth year; of its history since its organization, our readers have no doubt acquainted themselves. We have to do now, with its present condition. The number of patients receiving its benefits at this time, is one hundred and seventy-one, by whom the house is nearly filled; during the past year, thirty-two have been discharged recovered, twelve improved, and ten have died. This result, which may appear less favorable than the statistics of former years have presented, is to be attributed to the increased number of chronic cases, that are admitted under the new law, by which the benefits of the institution are extended to many incurable patients who have been formerly under the care of township committees.

"It should not be presumed, however, that the usefulness of an asylum for the insane is to be estimated alone by the number of those who fully recover the use of reason. In

nearly all the institutions of our country a large majority of the inmates at any one period are cases of so long standing as to render the chances of cure but slight; and yet the amount of happiness and health secured to them by the adapted arrangements of a well-ordered asylum can scarcely be conceived by a person not familiar with the subject. In addition to this, the relief given to families, friends, and even entire communities, by the removal of this class of persons to places of safety, where they may receive the peculiar care demanded by their condition, is still another important item to be added to the sum of their usefulness."

The building has been constructed and arranged for the accommodation of two hundred persons, but by the operation of the laws just referred to, a much larger proportion of excited and noisy patients are subjected to treatment, than was probably contemplated at first, and hence the judicious classification of all the inmates is materially interrupted. We would not be understood to complain of the law; it is in itself a fair evidence of the enlightened and enlarged benevolence of our legislation, by which the comforts and happiness of an obscure, neglected, and incurable class of patients are secured, and we wish it may be extended in its most ample scope; to do this, however, will require an extension of the means of accommodation.

While the medical profession, the philanthropist, the Christian, the civilian—all classes of society have abundant reason to rejoice on account of the improvements which have been already achieved in the physical and moral treatment of the insane, still mental disease in its various phases is on the increase, and there is an increasing demand year after year for the means of restoration. In our own State this demand is now made; the claims of our suffering fellow-citizens, who are deprived of the care which they ought to have, are again presented to the people; and one of three expedients *must* be adopted to meet the present emergency—

"Either to refuse to receive, to discharge, or both, private patients, to give place to those sent by the public authorities: to discharge chronic and supposed incurable cases, to give place to those of recent and more hopeful character—or,

lastly, to enlarge the house. A few suggestions upon each of these alternatives are ventured, with the hope of assisting the members of your board and of the legislature to decide the question in accordance with the best interests of the insane, and that enlightened and humane policy becoming to the State government.

"By admitting a portion of private patients, the sympathy and influence of many respectable families and individuals is elicited in favor of the institution, which has the effect to popularize it with the people and secure for it that respectful confidence that is necessary to its greatest success. But aside from this, it would appear to be the privilege of all the citizens of the State to participate in the benefits of an institution they had contributed to establish, when through the misfortunes of disease they require its care.

"The discharge of chronic cases to give place to those of a recent character may be practiced when dictated by necessity, but the circumstances that required it are ever to be deprecated, as in too many instances the only remaining chances for enjoyment to the unhappy subject of disease is cut off, by their removal from the asylum and return to the poor-house, jail, or what is still worse, in most cases, to some private family, whose only accommodation is some badly or unwarmed out building, and whose only fitness for the delicate and responsible trust, that they do the work cheaply.

"The last inquiry is whether the house should be enlarged, and if so, when should it be done? In considering the question of extending the building, it may be proper to allude to the fact that the original designer, Dr. T. S. Kirkbride, a man of great practical experience with the insane, anticipated that additional rooms would be required for the excited classes of either sex, when the house should be nearly filled with patients; as the number of these were less in proportion than those designed and finished for the more quiet. The necessity for extending the building is therefore not unexpected, although the period for doing it appears to be approaching more rapidly than was at first anticipated. In view of all the facts, it is therefore believed that the only question about which the legislature and people of the State will be disposed to hesitate is that of time; and this it would appear should be determined by the necessities of the institution, arising out of the number and character of the patients requiring accommodation.

"If this course of reasoning be admitted, we feel confident that early action will be deemed advisable, and especially when it is known that we have not had a vacant bed, in either

of the wards for excited patients, during the last twelve months, and have constantly been obliged to associate during the day, and lodge at night, from ten to twenty excited patients in the wards intended for the quiet only. This evil of course increases with the increase of numbers, and will interfere with the cure of the curable and comfort of all, in proportion to its extent. It should be remembered also, that the relief to be obtained from additional rooms must be deferred for at least twelve months after they are commenced; and hence, to delay their commencement for one year, is practically to suffer for the want of them, for two years or more, according to the length of time required in their construction. With these statements of our condition and wants, the subject is submitted with the full conviction that it will receive that careful consideration that its importance demands."*

To us the enlargement of the building seems the only wise course; without it there cannot be that perfect classification of the inmates, which is not only essential as a means of cure, but highly important to the comfort and convenience of the whole household. We had hoped that the legislature of the present year would have made an appropriation sufficient to meet the present demands of the Asylum, and the claims of those for whose benefit it has been instituted; and we confess ourselves disappointed to learn, that, after a joint committee of both houses had unanimously agreed upon the necessity of such a measure, the legislature refused to grant even such an appropriation as would warrant the managers in *commencing* so desirable a work. Political advantage, or the claims of party, should have no bearing upon an important public interest such as this, and we do not lay it before our readers in this aspect. We present it as a medical question of peculiar and increasing weight, and we urge it upon our medical friends, that the profession may exert its influence in favor of the most liberal and enlightened policy, as the most honorable to the State, and the only one competent to secure the end desired.

We feel assured that the physicians of New Jersey will enter into this matter as becomes their calling, and that they will be ready, as they ever have been, to urge the claims of humanity, and support by their counsel and aid the most en-

* Dr. Buttolph's Report for 1850.

lightened benevolence. We would urge our medical brethren to visit the asylum, and familiarize themselves with its arrangements and policy. The architectural conveniences of the building, the inimitable heating and ventilating apparatus, the discipline and order of the institution, are worthy of commendation, and ought to be witnessed and understood by the members of an enlightened profession, to whose influence and aid their very existence is in great measure attributable.

Good's Family Flora and Materia Medica Botanica; containing the Botanical Analysis, Natural History, and Chemical and Medical Properties and uses of Plants. Illustrated by colored engravings, of original drawings, taken from Nature, by PETER P. GOOD, A. M., Editor of an improved edition of the "Memoirs of the late John M. Good, M.D., by Olinthus Gregory, LL.D." Quarterly, at $1 50 a year, in advance, or $2, with the title, glossary, &c., at the end of the year.

THIS work is now in its fourth volume, and though we have never had an opportunity before of presenting it to our readers, we do so now with great pleasure. It is a New Jersey work, published at Elizabethtown, Essex Co., and offers to the profession, in a cheap and convenient form, an account of the botanical, chemical, and medical properties, as well as the natural history of indigenous and other plants, that may at all times be made available to the medical practitioner, and particularly to the country physician, in the treatment of disease. Each number contains six colored plates, and a mass of valuable information is condensed in a compact form, which ought to be within the reach of every physician. The proprietor is his own engraver, printer, agent, and editor, and we cheerfully urge upon our readers the claims of his valuable production, and hope that the "Family Flora" may increase its circulation at least twofold.

Address (post paid) Peter P. Good, Elizabethtown, Essex County, New Jersey.

EDITORIAL.

OUR CHANGE TO A MONTHLY.

We furnish the present number of the Reporter to our patrons and friends in a new form. We have paid our visits quarterly hitherto, but now we appear as a monthly messenger of medical intelligence. We offer three reasons for the change. 1st. Some of our old friends have told us that they want to see the Reporter oftener, and that they would prefer to have it in more frequent, though they be smaller issues. 2. We think we can secure more correspondents by reminding our friends every month that they have a medium through which they may communicate the results of their experience; and we would hereby endeavor to stir them up to greater diligence in preparing matter for our columns. 3. We shall be able to give the current news at shorter intervals; and we think, on the whole, average more matter by condensing it in shorter articles.

We hope the change will be agreeable to our readers, and while it adds to our labor, and increases somewhat the expense of the work, we shall enter upon it, trusting to the liberality and punctuality of our subscribers. We refer them to the publisher's notice on the last page of the cover.

OUR EXCHANGES.

We omit from this number the list of our Exchanges, but shall publish one twice a year. The following have not come to hand.

New Orleans Med. and Surg. Journal, for January and March.

Ohio Med. and Surg. Journal, for November and January.

Medical Examiner, for February.

The Stethoscope and Virginia Med. Gazette, for January. We shall be pleased to have them forwarded.

TO CORRESPONDENTS.

We shall be glad to receive from our correspondents any communications, which they may have for our next number, before the 15th inst. We have already "A brief Inquiry into some of the Causes of the Virulence and Malignity of the Cholera, in the Island of Jamaica," by Dr. Paul of Trenton. "Poisoned Wounds," by Geo. W. Patterson, M.D., of Philadelphia. "Allœpathy, a Misnomer," by James H. Stuart, M.D., of Erie, Pennsylvania; which shall appear in due season. Several of our friends have promised to furnish articles, and we hope they will not forget to do so, by the time suggested above.

CATALOGUES.

We acknowledge the receipt of Catalogues of Students from the University of Pennsylvania, and Starling Medical College of Ohio.

SPECIMEN NUMBERS.

This number will be sent to many who are not subscribers, as a specimen, and we would take the liberty of saying to such, on behalf of the publisher, that they will not be considered as subscribers, and need not anticipate a bill unless they intimate their intention to become such. If they do this, we shall be glad to furnish them with the *Reporter;* but without such an expression, they will not be entered upon our subscription list.

ECLECTIC DEPARTMENT.

Observations on the use of Veratrum Viride in Fevers, Convulsions, &c. By WESLEY C. NORWOOD, M. D., of Cokesbury, N. C.—We are always glad to give place in our Journal, so far as we have room, to whatever promises to be of practical value to the profession. Being favored with a large list of exchanges, we have it in our power to select many articles which we would be glad to transpose entire to our columns, but as our space for selected matter is limited, we must be content to give the substance of most of the articles, in doing which, it shall be our endeavor to do justice to the authors.

We insert below a portion of an article by W. C. Norwood, M. D., which we find among other excellent original papers, in the *Southern Medical and Surgical Journal.*

If Dr. Norwood's experience with the veratrum viride is confirmed, no one can deny that it is, in the language of a committee of the American Medical Association on Indigenous Medical Botany, "eminently deserving the attention of the profession." Indeed, the evidence of its power to control the action of the heart does not rest solely on Dr. Norwood's experience, as Drs. Tully and Osgood give their decided testimony in its favor. See an article by Dr. Osgood, in the *Amer. Journ. of the Med. Sciences*, vol. xvi. p. 296.

The remarks of Dr. Norwood, quoted below, are followed in the original article, by several cases which certainly seem to warrant their decided tone.

If any of our readers are induced to try the remedy, we hope they will make known their experience with it.

It may be well to remind the reader, that whether a tincture be employed, or in whatever form the root is used, it should be fresh, as it deteriorates by time. *

In a former communication, we stated some of the leading and prominent powers and properties of American hellebore and its peculiar adaptation to the treatment of pneumonitis.

We then stated, that all the powers and properties it was alleged to possess were true, and free from all exaggeration. We now go farther, and state, from the fact that some are disposed to doubt the validity of the assertions, that the half was not told. Its powers were not fully unfolded nor revealed, lest by giving a too glowing and brilliant statement of its capacity to arrest and subdue disease, it might meet the fate of many articles which flourished no longer than the short time occupied in breathing their praise. We challenge trial, and pledge ourselves to demonstrate at the bedside, before any body of physicians, every power and property we have heretofore claimed for it and asserted it to possess. We go farther, and state that all of its leading effects are so striking that we are compelled to attribute them to the article, and to nothing else. We are sorry that we dwelt so long on the ill effects, if it can be said to possess any. It is not a drastic emetic in the sense that tartar emetic is said to be. Its nauseant powers are the most disagreeable of any effect belonging to it. From the description given, we learn that it deterred many from using it, and led others to question its usefulness. We deemed it far more prudent to enter fully into any unpleasant effects, than to keep them concealed, and present nothing but its prominent beneficial effects. We now boldly hazard the assertion, that it is the only article or agent known that will control certainly, and without disappointment, the action of the heart and arteries—that it is the only therapeutic agent known through which we can say to the heart and arteries, so fast shalt thou beat or pulsate, and no faster. We unhesitatingly assert, that it has not failed us in a single case to reduce the action of the heart and arteries, down to any point we wished, as to the number and frequency of pulsations. We believe that it will be eminently useful in every disease in which increased frequency of the action of the heart and arteries take place to any extent. We also believe that when its powers are fully ascertained, tested and developed, it will produce an era in the treatment of disease.

We have no doubt that veratrum viride will prove a valuable agent in the treatment of scarlet fever. We stated in our former article in this journal, that veratrum viride certainly reduced the frequency of the pulse—that it produced the most intense paleness of the surface, and unusual coolness or coldness of the surface, accompanied with more or less moisture. In scarlet fever, we know there is unusual frequency in the

pulsations of the heart and arteries; also, that there is great heat and dryness of the skin, and congestion, if not inflammation, of the capillary system. Veratrum viride eminently subdues, overcomes and removes every condition we find to exist in scarlet fever. In scarlet fever there is often more or less mucus in the fauces and trachea, and ulceration and inflammation often exist. Veratrum viride, by its emetic effect and acrid properties, will remove the mucus and change the action in the fauces. In scarlet fever, the heat, redness and dryness of the skin are extreme. Veratrum viride produces coolness, paleness and moisture of the surface; thus certainly relieving all these annoying conditions, and affording to the patient every opportunity of comfort and relief.—*Southern Medical and Surgical Journal*, Jan. 1851.

Leaves of the Ricinus Communis as a Galactagogue and Emmenagogue. By Dr. Tyler Smith.—It appears from a paper read before the medical section of the British Association, by Dr. M'William, that the leaves of the castor oil plant possess an undoubted power of exciting the action of the mammary glands as well as the uterine system. He tells us that the native women, when the milk is delayed, make a decoction of the leaves, with which the breasts are freely fomented; the leaves are thinly spread over the bosom and allowed to remain till all moisture is evaporated. The truth of this alleged property of the plant has been also tested by Dr. Tyler Smith, with leaves gathered in the botanical gardens of Chelsea, and several cases are reported from which we make the following selections:—

Mrs. C., aged 24, had weaned her child about six weeks, but had still a little milk of a thin serous character. She commenced the use of the plant by bathing the left breast only, with a strong decoction of the leaves, which were likewise applied as above mentioned. After a few applications, the milk had become much more thick.

Mrs. H. had weaned her child more than six months. On careful examination little or no milk could be discovered in either breast. The plant was used night and morning for four days. After the second application, thick milk like colostrum could be squeezed out from both breasts, which had become tinged. A leucorrhœal discharge was also produced.

When it is required to induce the catamenial discharge the patient is directed to sit over the steam from a decoction of the

plant, and to bathe the vulva and thighs, as well as the breasts. — *Western Lancet*, from *Prov. Med. and Surg. Journal.*

Abortive Power of Collodion on Small-pox.—A case has recently occurred in the wards of M. Aran, at the Bon Secours, in which the good effect of collodion was proved to be as decisive in confluent small-pox as it had been found before in the more simple form. It occurred in the person of an unvaccinated young man, and the collodion was applied to all parts of the face but the lips and ears. Through this transparent covering the progress of the pustules was observed to become at once arrested, while those uncovered continued enlarging. Moreover, a part of the covering having been destroyed without being observed for some hours, the pustules thus exposed immediately began to develop themselves until again arrested by a reapplication. The ears, too, were now covered, and the progress of the pustules stopped there. In a few days the collodion peeled off, the skin looking as after erysipelas, but no cicatrices were to be observed, though in other parts of the body they existed in abundance, the eruption having been very confluent.—*Brit. and For. Med.-Chirurg. Review*, from *Bull. de Thérap.* xxxix. 369.

On the Treatment of Hooping-Cough by Cochineal.—A correspondent of the *N. Y. Medical Gazette*, writing from Port Chester, N. Y., has had satisfactory experience in the use of cochineal in hooping-cough. He uses it in larger doses than have heretofore been recommended. The following is his formula for its preparation. Cochineal in very fine powder, ℥ij; Carbonate of potash, ℥j; Sugar, ℥j; Tinct. of spearmint, f℥ij; Water, f℥xiv.—Mix. Dose.—A teaspoonful three times a-day, without regard to age. According to his observation, it injures by being kept long.

He says, "When commenced with early in the disease, it never fails to render it mild throughout, though it does not seem materially to shorten its duration; nor does it seem to exert any decided control over those aggravated cases where its early employment has been neglected."—*N. Y. Med. Gazette*, Jan. 1st, 1851.

In our experience, alum has proved very useful in this troublesome complaint. We have been employing it very satisfactorily for some time in most cases, in the following formula; recommended, we believe, by Dr. Golding Bird.

℞.—Alumen,	. .	gr. xxv;
Ext. conium,	. .	gr. xij;
Syrup. papaveris,	.	ʒij;
Aqua anethi, *vel*	.	
" feniculi,	. .	ʒiij.—M

Dose for an adult, a dessertspoonful every six hours.

Case of Luxation of the Penis.—This curious case occurred in a lad æt. six, who fell from a cart. He was treated for the resulting contusions for some days, when it was observed that urine passed through a wound near the left buttock, and he was sent to the St. Louis. M. Nelaton, on taking hold of the penis to pass a catheter, was astonished to find it quite destitute of substance, giving him the same sensation as the skin of a silkworm after the insect has quitted it—a mere cutaneous tube bent upon itself. Feeling for the missing penis, he found a firm resistant body in the scrotum, which he recognized as the corpus cavernosum and glans, all the essential parts of the organ having thus remained in the scrotum for nine days. He introduced Sir A. Cooper's instrument for tying deeply seated arteries, through the cutaneous tube, and conducting the hook under the *corpus cavernosum*, seized this crosswise, and by a to-and-fro movement succeeded in replacing the organ. An incision was made *in perineo* to facilitate the evacuation of the urinary deposit which had occurred from the rupture of the urethra; and at the time of the report the child had not yet passed any urine by the natural channel.

As arising in a somewhat similar manner with this accident, viz., through the agency of a sudden compression, a case may be mentioned that was admitted some time since into the Hôtel Dieu, in which one of the testes was forced along the *corpus cavernosum* just under the skin as far as the glans. It was very easily reduced, and at the autopsy it was found that it had not become separated from the cord.—*Gaz. des Hôp.*, No. 86.

Operation for Ingrowing Toe-nail. By M. Baudens.—M. Baudens states that he has performed the following operation more than 200 times without accident of any kind, little pain being caused, and that only for a few seconds. The right hand is armed with a narrow, straight bistoury, held like a knife while cutting a pen. The free extremity of the toe is firmly fixed by the thumb and index finger of the left hand, so as to render the diseased part prominent. The operator

now carries the edge of his knife (on the outer or inner side of the phalanx, according to the situation of the disease, and equidistant from the root of the nail and the next phalanx) perpendicularly down to the bone, and then inclines it towards himself, shaving the phalanx, and carrying off at one stroke the degenerated soft parts, the diseased portion of the nail, and the corresponding portion of the *matrix*—the removal of this last being indispensable, in order to render the reproduction of the disease impossible. For two or three days he keeps the parts surrounded by ice (which, however, is no essential part of the plan, but his mode of treating recent wounds in general), when granulations spring up, and eventually a horny description of cicatrix, forms an excellent substitute for the nail.—*Gaz. des Hôpitaux*, No. 77.

On the Diminution in Weight of New-born Infants. By Dr. HOFFMAN.—It is a popular opinion that new-born children fall away during the early days after birth, and seeing that during this period they evacuate meconium, the epidermis exfoliates, and matters are expired from the lungs, while the little milk they take is little else than a purgative colostrum, there is reason for its entertainment. To test it practically, however, Dr. Hoffman had thirty-six children, who were successively born at the hospital at Würzburg, weighed every morning; and in the present article he gives the tabulated results of the daily examination, from which the general conclusion is drawn that all children for the first thirty-six or forty-eight hours after birth become lighter, such diminution in the majority continuing until the third day. From this period they increase again, so that by the fifth or sixth day they have in general recovered the weight they possessed at birth.—*Neue Zeits. f. Geburt.*, b. xxvii. p. 145.

On the Cause of Abscesses pointing towards the Skin. By CHARLES W. WRIGHT, M. D., of Cincinnati.—The cause of abscesses pointing towards the skin has long engaged the attention of pathologists, and various explanations have been offered, the most plausible of which is that in coming towards the skin they meet with less resistance than in passing in any other direction.

That this is an insufficient explanation in almost all cases is evident, for pus has been known to remain for days and even weeks in immediate contact with the peritoneum, without having the least disposition to pass through that structure.

Now, when it is remembered that the motion of the fluids of the animal body are governed mainly by chemical laws, it would not appear to be such a difficult matter to explain a result so general as that above mentioned by those laws.

Liquids are attracted towards each other through a membrane or porous structure with a force proportional to the capillary or chemical affinity which they have for each other, and for the interposed membrane. As the skin in a state of health is always bathed with a secretion which is acid in its reaction, it follows that if it be placed in contact with a fluid of an opposite nature, they would have a tendency to intermix the amount of fluid remaining the same on either surface, if both fluids have the same affinity for the interposed substance; but if the attraction of the one exceed that of the other, for the skin, and was also in relation with the atmosphere, by which evaporation could go on, and facilitate the motion of the current in that direction, the ultimate effect would be the establishment of a flow tending almost exclusively to one point.

This would appear to be the cause of pus tending towards the surface of the body. For although when healthy its reaction towards test paper is neither that of an acid nor alkali, still when we look at its chemical constitution, we find it to be really alkaline in its nature.

The membranes lining the serous and mucous cavities, being bathed in a secretion that has an alkaline reaction, would of course have little or no attraction for a fluid possessing the same generalities. On the other hand, the secretion of the skin having an acid reaction, would have a strong attraction for a fluid possessing opposite properties, being assisted at the same time by the evaporation which is constantly going on from the surface of the body.

That the cause of abscesses pointing towards the surface is to be explained on the principles of endosmosis, would appear from the treatment which is adopted in these cases. If it be wished to promote suppuration and expedite the passage of the abscess towards the surface, light poultices are had recourse to. They relax the skin and promote perspiration. The very conditions calculated to favor endosmosis. They have to be frequently renewed, lest they become dry, by which evaporation would be arrested. The applications must be warm. Heat promotes endosmosis.

If absorption be desired, cold lotions are used. Cold retards endosmosis. Mercurial plasters are recommended.

These by arresting evaporation reverse the current of fluids passing to the surface. A blistered surface operates in the same manner. Purgatives by diminishing the cutaneous evaporation have the same effect. Pressure accomplishes the same object.

A careful study of the laws of endosmosis cannot fail to convince any one that the cause of abscesses pointing towards the skin is to be explained on the principles of endosmosis, and not by their meeting with less resistance in that direction as is generally supposed. [*Western Lancet.*

Yeast in the Treatment of Malignant Scarlet Fever.—Sir: In your number of the 20th inst., I have read "An Account of a Recent Epidemic of Scarlatina," by Dr. Helfft, wherein he mentions several anomalous features which that disease has presented in different parts of Germany. Now, I also have seen cases in this town and neighborhood somewhat similar, and, like Dr. H., "deem it my duty to lay before the profession" the plan of treatment I pursue.

I have not had any opportunity of making (like Dr. H.) post-mortem examinations, because I have not lost any of my patients since I commenced the treatment I will mention.

At present, and especially during the epidemic of scarlet fever in 1847, I have found the administration of *fresh yeast* of the most invaluable advantage when the symptoms are of that anomalous character which Dr. Helfft describes, or when the disease assumes its most *malignant form*. After ammonia, the mineral acids, chlorate of potash, &c., have failed, and the application of nitrate of silver besides, one or two tablespoonfuls of fresh yeast *frequently given* (according to the age and malignancy of the case) has, in my practice at least, been so quickly efficacious as an antiseptic and stimulant, that I have, from the circumstances before alluded to, been induced to send you this short communication, and in the hope, also, that the remedy may be fairly tried by others.

I am, sir, yours obediently,

FRANCIS BENNETT.

GATESHEAD, Dec. 28th, 1850.

[*N. Y. Reg. of Med. & Pharm. From Lond. Med. Gaz.*

American Antidote against Snake Poison.—The seeds of the *Simaruba Cedron*, obtained from Panama in South America, have recently attracted considerable attention in France, and a congress of medical men was announced to be held in

January last for the purpose of testing by experiment the virtue of this celebrated remedy, and M. Auguste Guillemin, and M. Hyppolyte Fournier, Professor of Mathematics of the department of Arvegron, had offered themselves to be operated upon. The Governor of Panama has addressed a letter to Dr. Peter Smith, of the City Hospital at San Francisco, confirming the experience of the native physicians at Panama. For internal use, the scrapings of the fruit are given in five-grain doses, in spirits or warm water, and at the same time the wound, if from the bite of a venemous reptile, is washed with an infusion, and covered with the scrapings, secured by a bandage.

The remedy is said, also, to have been successfully used in cases of retained placenta, and as a substitute for Quinine in the treatment of malarious fevers, and it is proposed as a remedy for mental diseases and epilepsy. Dr. Smith, of San Francisco, uses this remedy in dysentery and intermittents, in doses of ten or more grains. *The Medical Examiner*, of Philadelphia, contains drawings of the cedron pod and seeds, by G. R. B. Homer, M. D., U. S. A., with remarks upon this subject, from which we make this abstract. [*Ibid.*

A Case of Rupture of the Uterus during Delivery, in which Turning was resorted to, and subsequent recovery of the patient. By C. D. Griswold, M. D.—We have taken some pains to learn the particulars of this very remarkable case, which occurred in November last, in the care of Drs. Maxwell and Lindsley, of this city.

The patient, aged 29, and of a somewhat strumous habit, entered on her third accouchement, and progressed until the head pressed upon the perinæum, without anything unusual occurring. While in this stage of labor, she felt what she termed a "cramp in the bowels," and complained of an uncomfortable sensation, from which she desired to get up off the bed, and did so, and walked across the room two or three times, with an assistant. On her resuming again the recumbent posture, Dr. Maxwell made an examination, from which he discovered that the head had receded, which, together with the pulse at 120 per minute, and the entire absence of labor pains after what she called the cramp, and the returning discomfort in the umbilical region in this position, he was immediately impressed with the true nature of the case, although the patient again got up, and was seated for some time in a chair. Conferring with Dr. Lindsley, it

was decided to at once turn and deliver. The hand was passed, and the feet reached through the rupture in the uterus—among the viscera of the abdominal cavity—and brought down; but not without considerable difficulty was the patient delivered of a full-grown child, which had apparently been dead for some hours, and with it the placenta. Dr. Maxwell then passed his hand, with the view of removing any clots of blood which might have accumulated in the peritoneal cavity; but discovering none, he felt distinctly the intestines and omentum in situ. Dr. Lindsley made the same investigation, and with the same result.

The patient at this time was very much prostrated; pulse 120 per minute, and weak. Stimulants were immediately resorted to, and administered at the rate of a pint of brandy in punch each twenty-four hours, but without any signs of reaction until the end of the second day, when the abdomen became tympanitic, with a tumor in the right iliac region, extremely tender on pressure, yet the pulse remained soft, and not increased in frequency. A large blister was placed above the umbilicus, with the view of applying leeches or cups below, which, however, were not resorted to. Stimulants were freely administered for two weeks, with beef tea, chicken soup, etc., while the pulse remained compressible through the whole time; and what may be considered most of all remarkable is, the patient was out in the street in four weeks and menstruated on the ninth, and remains in good health to this time.

We give thus briefly this remarkable case from recollection, having simply heard the more important points stated, but understand that it is to be published in full in the New York Journal of Medicine.—[*Ibid.*